

Please complete the following information in order to obtain a UMBC parking permit.

All Fields REQUIRED

Campus ID# _____

First Name _____

Part-Time

Last Name _____

Email _____

Full-Time

Cell Phone _____

Address _____

City _____

State _____

Zip Code _____

Start Date _____

Vehicle Information:

State _____

License Plate _____

Vehicle Make _____

Vehicle Model _____

Vehicle Color _____

Are You the Vehicle Owner? Yes ___ No ___

Up to TWO Additional Vehicles Can Be Added On the Reverse Side

PARKING SERVICES USE ONLY:

Date Created _____ Initials _____

Renewal Needed? Yes ___ No ___

Vehicle Information:

State _____

License Plate _____

Vehicle Make _____

Vehicle Model _____

Vehicle Color _____

Are You the Vehicle Owner? Yes ___ No___

Vehicle Information:

State _____

License Plate _____

Vehicle Make _____

Vehicle Model _____

Vehicle Color _____

Are You the Vehicle Owner? Yes ___ No___